

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 6 OF 28
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

Full Name (Last, First, Middle Initial)

A. Mary L. Behrens

Mailing Address 5504 E 22nd St

City

Casper

State

WY

Zip Code

82609-4618

FEC ID number of contributing
federal political committee.

C

Name of Employer

Westside Woman's Clinic

Occupation

Family Nurse Practitioner

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	01	/	2015

Transaction ID : AB8903872A36F435BA56

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. June Como

Mailing Address 53 Fort Hill Circle

City

Staten Island

State

NY

Zip Code

10301-1716

FEC ID number of contributing
federal political committee.

C

Name of Employer

College of Staten Island

Occupation

Assistant Professor-Graduate and Clini

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

620.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2015

Transaction ID : AAF00C4D7C89D4904B22

Amount of Each Receipt this Period

620.00

Full Name (Last, First, Middle Initial)

C. Karen Daley

Mailing Address PO Box 101

City

Cotuit

State

MA

Zip Code

02635-0101

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Nurses Assn

Occupation

President - American Nurses Associatio

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : A3BFF0F2B89064F528F5

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ▶

1170.00

TOTAL This Period (last page this line number only)..... ▶